

February 14, 2014

**TESTIMONY BEFORE THE APPROPRIATIONS COMMITTEE CONCERNING
DEPARTMENT OF SOCIAL SERVICES BUDGET PROPOSAL**

Good evening, Senator Bye, Rep. Walker and other members of the Appropriations Committee. I am Mary Moran Boudreau, Executive Director of the Connecticut Oral Health Initiative, a non-profit who promotes oral health for all. I am here to address the proposed budget for the Medicaid program.

As an organization that is involved in advocating for oral health for the underserved populations of the state, we have a record of fighting for higher dental reimbursement rates and improved administration structure.

This proposed budget maintains the rates for dental reimbursement for eligible adults and children, of which we are thankful. We are also grateful for no cuts in the populations that will be maintained in the coverage for dental services. The improved administration structure and processes combined with the higher rates that took effect in 2008, resulted in an increase from under 300 to over 1900 private dentists participating and the utilization rates for children continuously enrolled in HUSKY A increased from 46% to about 70% today. To my knowledge the proposed budget also maintains the incentives for dental referral for children under the age of 3 years for primary care providers (PCP) who choose to do so under the Person-Centered Medical Home (PCMH) model. We are also grateful for no cuts in the populations that will be maintained in the coverage for dental services.

We want to acknowledge that the Department of Social Services (DSS) efforts to modernize through the ConneCT upgrades. We recognize the challenge this is for this large agency, and we are pleased to see that these steps have been completed. The addition of 103 staff to DSS is welcomed for resolving problems we are experiencing with some of the Medicaid-eligible persons in our state.

With that said, there still remain future steps that need to be taken to make significant increases towards oral health for all, especially the underserved populations of the state.

As the Medicaid dental reimbursement rates were set based on the average rates in 2005, and are not tied to any model for systematic increases, I would be remiss in not asking for consideration of adjusting the rates periodically to mirror private insurance rates.

We ask for consideration to integrate dental referral incentives in Medicaid's PCMH model for persons of all ages.

We are hearing from consumers some of the problems they routinely face as they try to obtain or keep essential health and other benefits. Examples, being on hold at that call center for hours and applications for benefits going unresolved for months after the deadlines under federal law. Eligible individuals regularly cut off of Medicaid and other benefits after timely submitting completed redetermination papers because they are not processed and the individual and families are automatically terminated from coverage. Did you know some renewals are being sent with English letters and forms to recipients who cannot read Spanish, delaying their reapplication? These terminations stop the families from receiving the preventive and therapeutic oral care which may have a bigger impact on their overall health, besides the inability to speak properly, eat well, be out of pain and the ability to attend school or work.

We hope the Committee will thoroughly look at what human resources are needed at the DSS to solve the access problems. Eventually, worker efficiency may increase when the electronic system is replaced in 2 or 3 years, but needy families and individuals cannot wait. They need benefits for basic survival and health now.

We also promote the idea of adoption of continuous eligibility for Medicaid and CHIP, which guarantees coverage for a year, even if an individual would otherwise lose coverage due to changes in circumstances (e.g., income, family size). Continuous eligibility provides continuity of health care for the individual and simplifies administration of the program for DSS. Also to change default action at redetermination to continue eligibility, so people don't lose coverage at the time of renewal/redetermination when they have met the deadline for submitting required paperwork but there is a delay in processing at DSS.

The Governor's budget issued February is a good step in the right direction and we very much appreciate that movement. We hope consideration of the recommendation we have made here.

Thank you for your time this evening.

Mary Moran Boudreau
Executive Director